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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TECH CENTER 1600/2900
TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|-------------------|
| | | Application Number | 10/082,618 |
| | | Filing Date | February 22, 2002 |
| | | First Named Inventor | Alan D. Olstein |
| | | Art Unit | 1648 |
| | | Examiner Name | Zachariah Lucas |
| Total Number of Pages in This Submission | | Attorney Docket Number | 7005-0003 |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |
| The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Carrie A. Beatus, Reg. No. 47,092 Reed & Eberle LLP |
| Signature | |
| Date | Oct 27, 2003 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. (If facsimile transmitted, USPTO facsimile number: (703) _____ to Examiner _____.)

| | |
|-----------------------|------------------|
| Typed or printed name | |
| Signature | |
| | Date 27 Oct 2003 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 0.00

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/082,618 |
| Filing Date | February 22, 2002 |
| First Named Inventor | Alan D. Olstein |
| Examiner Name | Zachariah Lucas |
| Art Unit | 1648 |
| Attorney Docket No. | 7005-0003 |

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2000**METHOD OF PAYMENT (check all that apply)**

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|---------------|---------------|--|----------------------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | <input type="text"/> |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="text"/> |
| 1053 | 130 | 1053 | 130 | Non-English specification | <input type="text"/> |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | <input type="text"/> |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | <input type="text"/> |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | <input type="text"/> |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | <input type="text"/> |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | <input type="text"/> |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | <input type="text"/> |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | <input type="text"/> |
| 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | <input type="text"/> |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | <input type="text"/> |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | <input type="text"/> |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | <input type="text"/> |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="text"/> |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | <input type="text"/> |
| 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | <input type="text"/> |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | <input type="text"/> |
| 1502 | 480 | 2502 | 240 | Design issue fee | <input type="text"/> |
| 1503 | 640 | 2503 | 320 | Plant issue fee | <input type="text"/> |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | <input type="text"/> |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | <input type="text"/> |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | <input type="text"/> |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | <input type="text"/> |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | <input type="text"/> |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | <input type="text"/> |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | <input type="text"/> |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | <input type="text"/> |

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

| Total Claims | 72 | Extra Claims | Fee from below | Fee Paid |
|--------------------|----|--------------|----------------|----------------------|
| Independent Claims | 10 | - 20** = 0 | X 0 = 0.00 | <input type="text"/> |
| Multiple Dependent | | - 3** = 0 | X 0 = 0.00 | <input type="text"/> |

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|---|
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 86 | 2201 43 Independent claims in excess of 3 |
| 1203 | 290 | 2203 145 Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 43 ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

(Complete if applicable)

| | | | | | |
|-------------------|-------------------------|-----------------------------------|--------------|-----------|----------------|
| Name (Print/Type) | Carrie A. Beatus | Registration No. (Attorney/Agent) | 47,092 | Telephone | (650) 330-0900 |
| Signature | <i>Carrie A. Beatus</i> | Date | Oct 27, 2003 | | |

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